		PART B -	FEE(S) TR	ANSMITT	AL		, er e		/
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	this form, together with applicable fee(s)			Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450					
B NOV 23 2005			or <u>Fax</u>	(571) 27	3-2885				
NSTAUCTIONS: The for ppropriate spanning condicated unless corrected by	m should be used for trans respondence including the P lelow or directed otherwise	mitting the ISSUE atent, advance orde in Block 1, by (a)	FEE and PUB ers and notificati specifying a new	LICATION Fi ion of mainten v corresponder	EE (if require nance fees wil nce address; a	d). Blocks I I be mailed to nd/or (b) indi	through 5 sho the current c cating a separ	ould be completed who correspondence address ate "FEE ADDRESS"	ere as for
naintenance fee notification CURRENT CORRESPONDENC	Note: A c Fee(s) Tra	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying							
26621 75	90 08/24/2005			have its ov	vn certificate o	or marting or t	ransmission.		
OFFICE OF PATE	ESEARCH INSTITU NT COUNSEL, TPC-8 PRREY PINES ROAD	JTE S		States Pos	ertify that this	Fee(s) Trans th sufficient p	OSUBE IOI IIIS	deposited with the Un t class mail in an envel above, or being facsing te indicated below.	mile
11/25/2005 MBELETE2 00000004 502235 10080100				Sara N. Hare				(Depositor's na	
	S. Hare						Date)		
01 FC:1504 300	November 21,2005						_		
APPLICATION NO.	PPLICATION NO. FILING DATE F			IRST NAMED INVENTOR ATTO				CONFIRMATION NO.	
10/080,100	Carlos F. Barbas III TSRI 760.1				760.1	9900			
TITLE OF INVENTION: Z	INC FINGER BINDING DO	OMAINS FOR NUC	LEOTIDE SEQ	UENCE ANN		*			
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E PUBLICATION FEE		ON FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400				\$1700 T		11/25/2005	
EXAMINER .		ART UNIT			CLASS-SUBCLASS				
MCKELVEY,		530-300							
1. Change of correspondent CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AN	D RESIDENCE DATA TO I	BE PRINTED ON T	HE PATENT (p	rint or type)				ı baş başı filo	4 60
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identified bin 37 CFR 3.11. Completion	Of this form is the					d below, the c	ocument has been the	ų io
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Science Research Institute La Jolla, CA									
The Scripp.	s Research In	istitute		•					
	te assignee category or categ	ories (will not be pr	inted on the pate	nt): U Ind	ividual 42 Co	orporation or o	other private gi	roup entity Govern	men
4a. The following fee(s) ar	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.								
Issue Fee Publication Fee (No	Payment by credit card. Form PTO-2038 is attached.								
Advance Order - #	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502235 (enclose an extra copy of this form).								
5. Change in Entity State a. Applicant claims	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). Seation Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Seed from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in the Office.								
The Director of the USPT NOTE: The Issue Fee and interest as shown by the re	O is requested to apply the Is Publication Fee (if required) cords of the United States Page	sue Fee and Publica will not be accepte itent and Trademark	tion Fee (if any) d from anyone o : Office.	or to re-apply ther than the a	any previous pplicant; a reg	y paid issue in istered attorned	ee to the applic	the assignee or other pa	ırty i
Authorized Signature	Date November 21, 2005								
Typed or printed name				1 No32		nd by the LISPTO to pr	oces		
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 223	tion is required by 37 CFR I iality is governed by 35 U.S. application form to the USF ons for reducing this burden, rginia 22313-1450. DO NO 3-1450.	.311. The informatic. 122 and 37 CFR TO. Time will vary should be sent to the T SEND FEES OR	e Chief Informa COMPLETED I	tion Officer, U FORMS TO T	J.S. Patent and HIS ADDRES	S. SEND TO:	ich is to file (a implete, includ he amount of Office, U.S. De Commissione	r for Patents, P.O. Box	g, an nple , P.(

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.